UNIT D STATES PATENT & TRADEMAP OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 2 0 96 2 Serial/Patent # 459758				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing Street Street Street			\$ 300.00
	Amendment			s
	Extension of Time			\$
	Notice of Appeal/Appeal		a mana	1.s
	Petition	*		\$!
	Issue		* (3 × 1) S 1 → 2	\$ *
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other complete the second of t	:		\$
		7 TOTAL AMOUNT S 300.00		
		8 TO BE REFUNDED BY:		
10 REASON: / (2)/(530) (6)		Treasury Check		
1	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	, [813	038
	No Fee Due (Explanation):		- ` ` 	
The state of the s				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: EUERETT R. WILLIAMS TITLE: EXAMINER				
SIGNATURE: E. M. William: PHONE: 308-6472				
office: Ot PE				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: Steden Consulty DATE: 76/96				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

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